

National Health Care Surveys

About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective to help us understand the population's health, influences on health, and health outcomes.

The National Health Care Surveys

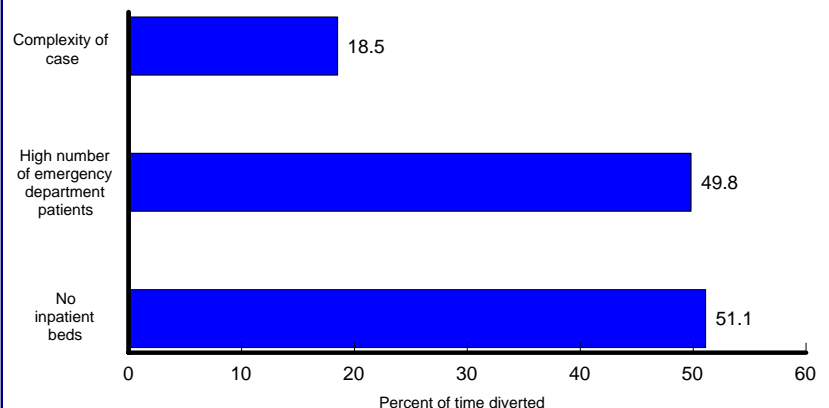
The National Health Care Surveys are a family of provider-based surveys designed to meet the need for objective, reliable information about the organizations and providers that supply health care, the services rendered, and the patients they serve. Policy-makers and planners use these data to profile changes in the use of health care resources, monitor changing patterns of disease, and measure the impact of new technologies and policies. Researchers use data on the characteristics of providers, facilities, and patients to study shifts in the delivery of care across the health care system, variations in treatment patterns and patient outcomes, and other factors that impact cost and quality of and access to care in the United States.

Examples of Data from the National Health Care Surveys

Emergency Preparedness and Capacity

Recent national emergencies raised awareness of the problems of routine over-crowding in emergency departments to the forefront of public concern. If emergency departments are overwhelmed on the average day, how will they handle the unexpected? Our surveys provide path-breaking data on these issues.

Commonly reported reasons for diverting ambulances from the nearest emergency department, 2003



Source: National Hospital Ambulatory Medical Care Survey, 2003, Ann Emerg Med 2006; Apr 47(4):317-26.

On average, one ambulance is diverted from an emergency room every minute according to the first nationally representative analysis of ambulance transport and diversion. Nearly 70 percent of all patients who are transported by ambulance need care urgently. Ambulance diversion, delaying care by minutes, may result in increased morbidity and mortality.

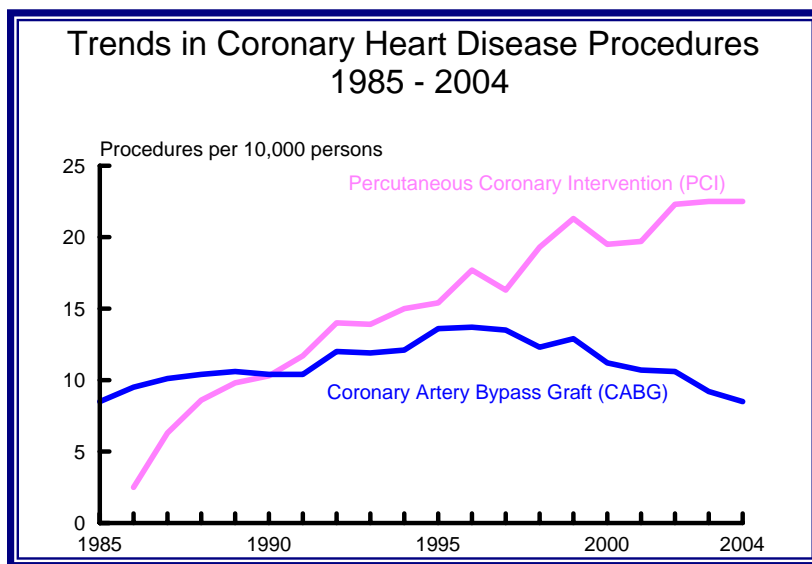
Provider Sites Surveyed

Physician offices
Emergency and outpatient departments
Hospital inpatient departments
Ambulatory surgery facilities

Nursing homes
Home health agencies
Hospice agencies
Residential care facilities (coming soon)

Diffusion of Technologies

Coronary artery bypass graft (CABG) and percutaneous coronary intervention (PCI) are both techniques that can improve length and quality of life for certain people with coronary heart disease. In the past 20 years, PCI has become increasingly common. In contrast, CABG use increased until 1996 and is now declining. In choosing among procedures, cardiologists evaluate many different characteristics including relative effectiveness, surgical risks, and length of time for recovery. NCHS has the only nationally representative data to monitor these important trends across all age groups.



Source: National Hospital Discharge Survey, 1985-2004

Other recent highlights include:

- In 2005, 23.9 percent of **office-based physicians** reported using fully or partially electronic medical record systems (EMR), a 31 percent increase since 2001. Despite this increase, only one in ten physicians used an EMR system in 2005 which included computerized orders for prescriptions, computerized orders for tests, reporting of test results, and physician notes.
- Between 1994 and 2004, visit rates to **hospital outpatient departments** increased by 31 percent. Hospital outpatient departments fill a unique niche, serving a high proportion of the uninsured, Medicaid and State Children Health Insurance Program recipients in the United States. They also provide specialty care for people with conditions such as birth defects and HIV that require intense use of services.
- The percent of **nursing home residents** aged 85 and older remained stable from 1999 (46.5 percent) to 2004 (45.2 percent). This contrasts with earlier years. Between 1977 and 1999 the percent of nursing home residents aged 85 and older increased dramatically. The earlier increase affected the nature of services delivered in nursing homes, with more residents requiring assistance in basic activities of daily living such as dressing and bathing.
- **Hospice use** in the last year of life increased dramatically between 1992 and 2000, while racial disparities in the proportion of the population using hospice care declined. In 1992, the rate of hospice use among whites was 10 percent, twice the use rate for blacks. In 2000, rates of hospice use for whites (23 percent) and blacks (18 percent) were similar.

Challenges and Future Opportunities

- Collect data on residential care facilities. Diversification in the long-term care industry has expanded the types of long-term care facilities that are available. As life expectancy increases and the baby boom generation matures, data are needed to help understand emerging patterns of care and shape long-term care policy. In partnership with the Assistant Secretary for Planning and Evaluation and other organizations, NCHS currently is planning the first nationally representative survey of residential care facilities and their residents for 2008.
- Improve the National Hospital Discharge Survey (NHDS). Current operations for the NHDS are tied to data reported on the Uniform Bill (UB). An effort is under way to redesign the NHDS to allow for more flexibility in data collected from hospitals. Desired changes include obtaining estimates of hospital costs, more in-depth clinical data, and better data related to: quality of care; patient demographics, such as race and ethnicity; and patient's health-related outcomes.
- Collect data on ambulatory surgery on a regular cycle. The National Survey of Ambulatory Surgery (NSAS), which collects data on characteristics of surgeries performed in hospitals and freestanding ambulatory surgery centers, is being conducted in 2006 for the first time in ten years. Since NSAS data were last collected, the growth in outpatient surgeries has surpassed that of inpatient settings. In community hospitals alone, according to the American Hospital Association's Annual Survey of Hospitals, 63 percent of all surgical operations performed during 2001 were performed on outpatients, up from 51 percent in 1990 and 16 percent in 1980.
- Expand the range of providers captured in the survey for more comprehensive coverage of the health care system. For example, in ambulatory care, expand the sample to include providers not currently covered such as radiologists, diagnostic centers, and alternative health care providers.
- Expand the sample sizes in the various surveys to more accurately monitor disparities in health care among priority populations such as racial and ethnic minorities, and rural communities.
- Expand the availability of provider-based data to monitor and assess quality of care and provide national benchmark data for comparison with state and local performance. Data collection forms and sampling frames can be adapted to address quality of care issues, and information can be linked to data on provider characteristics.

For further information about NCHS and its programs, visit us at <http://www.cdc.gov/nchs>
or call the Office of Planning, Budget and Legislation at 301-458-4100.

For further information on the National Health Care Surveys, visit their website at <http://www.cdc.gov/nchs/nhcs.htm>